

**DECLARATION**

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**A CAMERA-BASED DOCUMENT SCANNING SYSTEM USING MULTIPLE-PASS  
MOSAICKING**

as described in United States Letters Patent, which is executed of even date herewith; and

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above; that I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application; that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months prior to this application; and that I acknowledge the duty to disclose information of which I am aware which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations § 1.56(a). such information is material when it is not cumulative to information already of record or being made of record in the application, and

- (1) it establishes, by itself or in combination with other information, a prima facie case of unpatentability of a claim; or
- (2) it refutes, or is inconsistent with, a position the applicant has taken or may take in:
  - (i) opposing an argument of unpatentability relied on by the Office, or
  - (ii) asserting an argument of patentability.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 of any foreign application(s) for patent or inventor's certificates listed below and have also identified below any foreign application(s) having a filing date before that of the application(s) on which priority is claimed:

| Country | Application Number | Date Of Filing | Priority Claimed<br>Under 35 U.S.C. 119                  |
|---------|--------------------|----------------|--|
|         |                    |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |

I hereby claim the benefit under Title 35 United States Code § 120 of any United States application(s) listed below and, insofar as any subject matter of any claim of this application is not disclosed in the prior United States Application, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations § 1.56(a) which occurred between the filing date of the prior application and the national PCT international filing date of this application:





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**A CAMERA-BASED DOCUMENT SCANNING SYSTEM USING MULTIPLE-PASS MOSAICKING**

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I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above; that I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application; that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months prior to this application; and that I acknowledge the duty to disclose information of which I am aware which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations § 1.56(a). such information is material when it is not cumulative to information already of record or being made of record in the application, and

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I hereby claim the benefit under 35 U.S.C. § 119 (e) of any United States provisional application(s) listed below:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

|  |   |                      |
|--|---|----------------------|
| Full Name of Sole or First Inventor<br><br>Frederic Dufaux | Inventor's Signature  | Date                 |
| Residence<br><br>78 Sherman Road, Chestnut Hill, MA 02467  | Citizenship<br><br>Switzerland  |                      |
| Post Office Address<br><br>Same as Above                   |   |                      |
| Full Name of Second Joint Inventor<br><br>Sing Bing Kang   | Inventor's Signature<br> | Date<br><br>05/30/01 |
| Residence<br><br>18217 NE 100th Ct.<br>Redmond, WA 98052   | Citizenship<br><br>Malaysia   |                      |
| Post Office Address:<br><br>Same as Above                  |   |                      |

05/30/01

|                                    |                      |             |
|------------------------------------|----------------------|-------------|
| Full Name of Second Joint Inventor | Inventor's Signature | Date        |
| Robert Alan Ulichney               |                      |             |
| Residence                          |                      | Citizenship |
| 13 Dunster Drive, Stow, MA 01775   |                      | U.S.A.      |
| Post Office Address:               |                      |             |
| Same as Above                      |                      |             |

| Table 1. Demographic characteristics of the study population |             |
|--|-------------|
| Age (years)  | 50.0 ± 10.0 |
| Gender (male/female)   | 100/100     |
| Education (years)  | 12.0 ± 2.0  |
| Occupation (white/blue)                                      | 100/100     |
| Marital status (married/divorced)                            | 100/100     |
| Smoking status (smoker/nonsmoker)                            | 100/100     |
| Alcohol consumption (yes/no)                                 | 100/100     |
| Family size (number of children)                             | 2.0 ± 1.0   |
| Health insurance (yes/no)                                    | 100/100     |
| Comorbidities (hypertension/diabetes)                        | 100/100     |
| Medication (yes/no)  | 100/100     |
| Physical activity (yes/no)                                   | 100/100     |
| Stress level (high/low)                                      | 100/100     |
| Sleep quality (good/poor)                                    | 100/100     |
| Work satisfaction (yes/no)                                   | 100/100     |
| Life satisfaction (yes/no)                                   | 100/100     |
| Overall health (good/poor)                                   | 100/100     |
| Quality of life (high/low)                                   | 100/100     |
| Healthcare utilization (yes/no)                              | 100/100     |
| Healthcare costs (high/low)                                  | 100/100     |
| Healthcare access (yes/no)                                   | 100/100     |
| Healthcare quality (good/poor)                               | 100/100     |
| Healthcare satisfaction (yes/no)                             | 100/100     |
| Healthcare utilization (yes/no)                              | 100/100     |
| Healthcare costs (high/low)                                  | 100/100     |
| Healthcare access (yes/no)                                   | 100/100     |
| Healthcare quality (good/poor)                               | 100/100     |
| Healthcare satisfaction (yes/no)                             | 100/100     |
| Healthcare utilization (yes/no)                              | 100/100     |
| Healthcare costs (high/low)                                  | 100/100     |
| Healthcare access (yes/no)                                   | 100/100     |
| Healthcare quality (good/poor)                               | 100/100     |
| Healthcare satisfaction (yes/no)                             | 100/100     |
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|  |             |